

12- 2-0 12:36PM; OFFICE OF COUNSEL

:805 9891695

# A- 4

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11/16/2004

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WEAPONS DIVISION (CODE K00000E)  
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POINT MUGU, CA 93042-5049  
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TRUDY SLONE (Depositor's name)  
*Trudy Slone* (Signature)  
December 2, 2004 (Date)

01 FC:1501 1370.00 DA  
02 FC:1504 300.00 DA  
03 FC:8001 3.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/664,614	09/19/2003	Marvin L. Ryken	84910	4021

TITLE OF INVENTION: REDUCED SIZE TM CYLINDRICAL SHAPED MICROSTRIP ANTENNA ARRAY HAVING A GPS BAND STOP FILTER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	02/16/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, HOANG V	2821	343-7000MS

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 DAVID S. KALMBAUGH

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE  
United States of America  
as represented by the  
Secretary of the Navy

(B) RESIDENCE: (CITY and STATE OR COUNTRY)  
Washington, DC

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☒ Government

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*David S. Kalmbaugh*

Date December 2, 2004

Typed or printed name DAVID S. KALMBAUGH

Registration No. 29,234

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**PHONE NO.:**  
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**FROM: TRUDI SLONE**  
**Office of Counsel, Naval Air Warfare Center Weapons Div**  
**PHONE NO.: (805) 989-7735**  
**FACSIMILE NO.: (805) 989-1695**

**DATE: 2 December 2004**

**SUBJECT: Issue Fees for Navy Case 84910, Application No. 10/664,614**

**COMMENTS:**



12-2-04; 12:36PM; OFFICE OF COUNSEL

; 805 9891695

# A- 2

PTO/SB64 (08-03)

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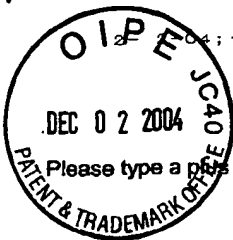
Attorney Docket No. 84910

Attached Paper(s) or Fee(s):

Transmittal Form	1 page
PTOL-85 Fee(s) Transmittal Form (2 copies)	2 pages

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# A- 3

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PTO/SB/21 (08-003  
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Patent and Trademark Office, U. S. DEPARTMENT OF COMMERCE**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/664,614
Filing Date	9/19/03
First Named Inventor	RYKEN JR., Marvin L.
Art Unit	2821
Examiner Name	NGUYEN, Hoang V.
Attorney Docket Number	84910

Total Number of Pages in This Submission 3

**ENCLOSURES (check all that apply)**

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits / declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing - related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interference's<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (Please identify below)<br><b>PTOL-85 Fee Transmittal Form</b> |
| Remarks  |  |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	David S. Kalmbaugh	29,234
Signature		
Date	2 Dec 2004	

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